		162
ir.	ARIZONA STATE BOARD OF HEALTH  State File No	
BUREAU OF VITAL STATISTICS		AL STATISTICS
l	M D STANDARD CERTIF	day a
	County S	tate /P / 4
		r Village
.	City No. (Chirth ground	red in a hospital or institution, give its NAME instead of street and number)
1	2. Full name of child. Isluardo Espa	200 [If child is not yet named, make supplemental report, as directed.
	3. Sex of Child   To be answered GNLY   4. Twin, triplet or other  Male   in event of plural   5. No., in order of birth	7. Date of birth ale 2 /1/42/
***	8. Full name Magnel Sopassa	14. Full maiden name Filara Postregue Z
stated.	9. Residence (Usual place of abode)	15. Residence (Usual place of abode)
	If non-resident, give place and state.	If non-resident, give place and state.
Sirth	10. Color or race  11. Age at last birthday 27 (Years)	16. Color or race  17. Age at last birthday (Years)
order of	12. Birthplace (city or place)	18. Birthplace (city or place) Malfa
	(State or country)	(State or country)
	13. Occupation Nature of industry	19. Occupation Nature of industry
4	20. Number of children of this mother.  (a) Born alive and now living  (Taken as of time of birth of child herein  (b) Born alive but now dead.  (c) South	
<b>'</b>	certified and including this child.)  (c) Stillborn.  CERTIFICATE OF ATTENDING PHYSICIAN OF MIDWIRE 30.	
	I hereby certify that I attended the birth of this child, who was (Born slive or Attliborn) at mon the date above stated.	
	*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn	Charles on
	child is one that neither breathes nor shows other evidence of life after birth.	(Paysician or midwife).
	Given name added from a supplemental report	Juany Hugma.
	Month, day, year	C 27 29 Kg. E France

551-1221-799

0

Registrar